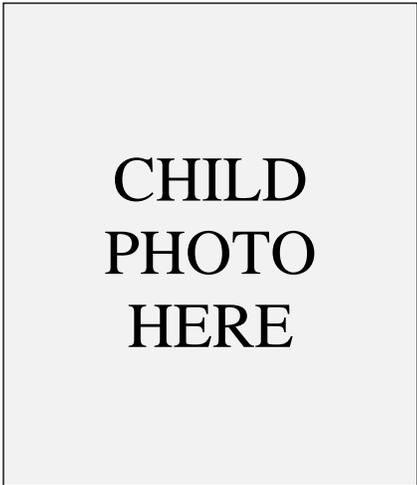




**CITY OF SAINT PETER
PRESCHOOL EXPRESS BUS SERVICES
(2016-2017)**



CHILD'S NAME _____

AGE _____

PARENT'S NAME _____

ADDRESS _____

HOME PHONE _____

E-MAIL ADDRESS _____

CELL PHONE(S) _____

Mother

Father

ALTERNATE #(S) _____

Relationship _____

DAYCARE INFORMATION:

Name _____

Address _____

Phone _____

TIME:

From: _____

To: _____

Days of Week M T W R F
(Please circle)

TIME:

From: _____

To: _____

Days of Week M T W R F
(Please circle)

For additional information please contact the Transit Office at (507) 934-0668 or waynea@saintpetermn.gov.